SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Dept. of Health & Human Services Div. Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172 PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED << City, Town, or Plantation Town/City LAMOINE Street or Road Date Permit Issued BUTTERMILK Double Fee Charged () ROAD Subdivision, Lot# OWNER/APPLICANT INFORMATION Local Plumbing Inspector Signature Name (last, first, MI) Fee: \$ state min. fee Owner Locally adopted fee MERCHANT Applicant Copy: Owner Town ☐ State Mailing Address The Subsurface Wastewater Disposal System shall not be installed until a 163 BUTTERMILK ROAD Permit is issued by the Local Plumbing Inspector. The Permit shall Owner authorize the owner or installer to install the disposal system in accordance □ Applicant with the application and the Maine Subsurface Wastewater Disposal Rules. AMOINE Daytime Tel. # Municipal Tax Map # Lot# OWNER OR APPLICANT STATEMENT CAUTION: INSPECTION REQUIRED I state and acknowledge that the information submitted is correct to the best of I have inspected the installation authorized above and found it to be in compliance my knowledge and understand that any falsification is reason for the with Subsurface Wastewater Disposal Rules Application. Department and/or Local Plumbing Inspector to deny a permit. (1st Date Approved) Verchen Signature of Owner or Applicant Local Plumbing Inspector Signature (2nd Date Approved) PERMIT INFORMATION TYPE OF APPLICATION THIS APPLICATION REQUIRES DISPOSAL SYSTEM COMPONENT(S) 1. No Rule Variance 1. First Time System 1. Complete Non-engineered System 2. First Time System Variance 2. Replacement System 2. Primitive System (graywater & alt. toilet) a. Local Plumbing Inspector Approval Type Replaced: 3. Alternative Toilet, specify: □ b. State & Local Plumbing Inspector Approval 4. Non-engineered Treatment Tank (only) 3. Replacement System Variance Holding Tank, _____ gallons Non-engineered Disposal Field (only) Year Installed: a. Local Plumbing Inspector Approval 3. Expanded System b. State & Local Plumbing Inspector Approval ☐ a. Minor Expansion <25% 7. Separated Laundry System 4. Minimum Lot Size Variance □ b. Major Expansion ≥ 25% 8. Complete Engineered System(2000 gpd or more) 5. Seasonal Conversion Permit 4. Experimental System 9. Engineered Treatment Tank (only) ☐ 10. Engineered Disposal Field (only) 5. Seasonal Conversion DISPOSAL SYSTEM TO SERVE ☐ 11. Pre-treatment, specify: SIZE OF PROPERTY 1. Single Family Dwelling Unit, No. of Bedrooms: 12. Miscellaneous components 2. Multiple Family Dwelling , No. of Units: sq. ft. 36± TYPE OF WATER SUPPLY 3. Other: (SPECIFY) GEMPLOYEES, NO acres SHOWERS, 2-BEDPOON APARTHELLT SHORELAND ZONING 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private Current Use: Seasonal Year Round Undeveloped ☐ Yes **M** No 4. Public 5. Other: DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) TREATMENT TANK 252 gallons per day BASED ON DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT 1. Concrete ☐ 1. Stone Bed ☐ 2. Stone Trench HITIN ■ 1. No □ 2. Yes □ 3. Maybe a. Regular 3. Proprietary Device 1451DE PED CONCRETE CHAMBERS 1. Table 4A (dwelling unit(s) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities D b. Low Profile LIFT If Yes or Maybe, specify one below: STATION a. Multi-compartment Tank 2. Plastic 🗖 a. Cluster Array 🔞 c. Linear 2 BEDFOOLS B b. Regular load d. H-20 load □ b. __ ☐ 3. Other: _Tanks in Series APARTNELLT: 180 GRD C. Increase in Tank Capacity 4. Other: GEMPLOYEES 1000 CAPACITY SIZE 1078 Sq. ft. I lin. ft. d. Filter on Tank Outlet NO SHOWERS : 726PD SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING **EFFLUENT/EJECTOR PUMP** 252 GPD 25 2 GP3 ATTACH WATER METER DATA LATTITUDE AND LONGITUDE at center of disposal area Lat. 44° d 32° m 52.7°s if g.p.s., state margin of error 30°2. PROFILE CONDITION □ 1. Not Required ☐ 1. Medium - 2.6 sq. ft./gpd D 2. May be Required ☐ 2. Medium-Large — 3.3 sq. ft./gpd 3. Required at Observation Hole # ■ 3. Large - 4.1 sq. ft./gpd Depth Specify only for engineered systems ■ 4. Extra Large - 5.0 sq. ft/gpd OF MOST LIMITING SOIL FACTOR DOSE: gallons SITE EVALUATOR STATEMENT I certify that on LO-LO-L7 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in-compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). 10-14-17 319 Site Evaluator Signature SE# Date WILLIAM A. LaBELLE, JR. (207) 537 - 5900 labelleseptic@rivah.net Site Evaluator Name Printed Telephone Number Page 1 of 3 E-mail Address Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 05/2017

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Dept, of Health & Human Services Division of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172 Town, City, Plantation Street, Road, Subdivission Owner or Applicant Name LAMOINE BUTTERMILK BOB MERCHANT SITE PLAN Scale 1" = 60 Ft. SITE LOCATION PLAN (Attach map from Maine Atlas for First Time System Variance) (SEE ATTACHED SITE PLAN) Haslam Septic Butermilk Road







